



Council News

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BUDGET PICTURE IS BRIGHT

For both this year and next, the NIH budget is looking good. This fiscal year, NIAID raised its paylines to the 26.0 percentile for AIDS and 24.0 for non-AIDS research. The payline for FIRST grants (R29) is the 32.0 percentile for both AIDS and non-AIDS.

Intramurally, NIAID is benefiting from \$5 million in AIDS vaccine money from the Office of AIDS Research (see article on page 10 for more information).

FY 1998 budget

Though the President requested a 2.6 percent increase for NIH, Congress is pushing for more money for FY 1998, as much as 7.5 percent over the FY 1997 funding level.

If this occurs, NIAID will reduce the level of programmatic reductions and increase the cap on type 2 (recompeting) awards—both good news for grantees.

Under this scenario, percentile-based reduction bands would be as low as 5.0, 7.0, and 9.0 percent versus the current 17.0, 19.0, and 21.0 percent.

For recompeting applications, NIAID would allow grants to be funded with as much as 20.0 percent more money than they were awarded in the last year of the previous grant, up from the current cap of 10.0 percent.

Inside

2 *Initiatives & funding*

NIH Bioethics Initiative, PA Report Card, Expanded Malaria Research

4 *Grants & review*

Impact of NIH Review Criteria, New AREA Grants, NIAID Revises Guidelines for Meeting Grants, How NIAID Is Using R03s, NIH Explores Modular Grants, Confidentiality Certificate Program, and more

8 *Institute & staff*

NIAID Mourns Jim Hill, Bob Goldstein Leaves for JDFI, HIV Vaccine Committee Up and Running, Immunology Impact on Vaccines, NIAID and NCI Co-Sponsor Vaccine Center, Minority Focus Group, and more

13 *Feature articles*

Calling NIAID for Help, Requesting Assignment for Your Application

INITIATIVES *& funding*

NIH cost management plan highlights

As it does every year, NIH has recently published the guidelines for institutes to use in making funding decisions for grants.

- The maximum annual increase for direct costs for grant future years is 3.0 percent.
- Institutes will generally award noncompeting grants at committed levels.
- Institutes will use a plan for reducing grant budgets, considering initial peer review, Council recommendations, and grants management staff review.
- Institutes can limit growth for competing continuation awards.
- Maximum average grant length is four years.
- Institutes will consider total grant costs in making funding decisions.

Congressional Hearings

NIAID participated in a successful round of congressional hearings.

At Council, Dr. Fauci described his experience testifying before the House Appropriations Subcommittee in February, "Chairman Porter and the Subcommittee members have been extremely generous and supportive, and it was a pleasure to testify before them."

Congress has shown interest in these areas:

- Protease inhibitors
- AIDS vaccines—roles of Congress, NIH, industry
- Malaria research
- Impact of the media on research
- Cloning
- Gulf War syndrome

NEW NIH BIOETHICS INITIATIVE

NIAID will play a leading role in a new NIH bioethics initiative, part of an effort announced by President Clinton in May in his apology for the government's role in the Tuskegee syphilis studies.

The goal of the initiative is to help institutions develop short courses in bioethics and to increase fellowships that will train more bioethicists, especially minorities.

NIAID is pleased that we have been selected to initiate this new NIH program. Other institutes and government agencies are likely to eventually become involved.

If you'd like more information, contact Dr. Milton Hernandez, director of NIAID's Office of Scientific Training and Manpower Development, at 301/496-3775 or by e-mail at mh35c@nih.gov.

NEWS FLASH

Free Medline on the Web

The National Library of Medicine recently announced free Internet access to its MEDLINE literature database.

You can reach MEDLINE either through Grateful Med or a new system, PubMed, which not only pulls references but provides access to the full text of some articles.

To reach both Grateful Med and PubMed, go to <http://www.nlm.nih.gov/databases/freemedl.html>.

REPORT CARD ON THE PA SHIFT

Overall, NIAID's big move last year away from re-requests for applications (RFA) and toward program announcements (PA) has been a success.

Response from the community has been impressive: during the past year, applicants have submitted more than 600 applications responding to NIAID PAs.

This high-level response and the fact that most applications had percentiles within the payline mean that the Institute does not have to set aside monies to stimulate high-priority areas.

As a result, researchers benefit from the investigator-initiated approach, such as continuous receipt dates, while gaining the possibility (with Council approval) of being paid beyond the payline.

Everyone benefits from the higher paylines resulting from the decline of RFAs.

New PAs doing their job

Most new PAs have generated significant numbers of applications, and some older ones have been reinvigorated (e.g., Infectious Causes of Diarrhea/Wasting Syndrome in People with AIDS).

One PA, Modern Vaccines for Mycoses and Measles, reached its target for measles grants in one year and will refocus to mycoses only.

How applicants fared

During the past year, we've collected enough data on 12 new PAs published since May 1996, the start of the new PA policy, to take a preliminary glimpse into the effect of the policy change.

In response to those 12 PAs, NIAID received 368 applications, 240 of which have been reviewed by scientific review groups (initial review) and Council (secondary review) and 128 that have not yet completed review (see table below).

Of the 368 applications, 335 are new.

The success rates for applications responding to the PAs—about 27.5 percent of applications were funded—are at least as good as those for R01s even though about 90 percent of applicants are new to the relevant field (data not shown).

Thus, the PAs are bringing in new investigators and encouraging researchers to branch out to new areas while they enjoy the same success rates as NIAID investigators as a whole.

Data on New PAs as of June 1997

Reviewed Applications	NIAID Awards	Other NIH	New Awards	Recompeting
240	66	6	55	11

NIAID EXPANDS MALARIA RESEARCH EFFORTS

To tackle the increasing urgency of global malaria, NIAID is enlarging its investment in malaria research.

Malaria kills two to three million people each year, making it the most deadly tropical disease.

As reflected in this January's international malaria conference in Dakar, Senegal, worldwide scientific opinion is mounting that more research is warranted.

A report from the conference is on the Worldwide Web at <http://www.niaid.nih.gov/dmid/malafr/default.htm>.

NIAID has responded with a research plan for expanded malaria research, produced by staff scientists with input from the international malaria research community.

Focusing on the development of a malaria vaccine, the plan was

Continued on page 5

GRANTS & review

IMPACT OF NEW NIH REVIEW CRITERIA

In May, NIH director Dr. Harold Varmus decided the new criteria for rating research grant applications (see box at right).

Taking effect in October, the beginning of FY 1998, the change adds innovation as a criterion and uses review criteria in a new way.

NIH is instructing reviewers that applications do *not* have to be strong in every criterion to be rated outstanding.

For example, research that is not innovative but is essential to move a field forward can still deserve a high priority score.

With that policy, together with the much-debated addition of the innovation criterion, NIH hopes to stimulate creative ideas, including those lacking substantial preliminary data.

Reviewers will assign priority scores to reflect overall impact to science and public health based on the five new rating criteria: significance, approach, investigator, environment, and innovation.

As of now, reviewers will assign a single score to the entire application with emphasis on each criterion varying from one application to another.

When special rating criteria are needed, such as for RFAs, institutes may add criteria to the basic ones.

Rating criteria for training grants are being developed. For more information, go to <http://www.nih.gov/grants/peer/rgacriteria.htm> on the NIH home page.

[nih.gov/grants/peer/rgacriteria.htm](http://www.nih.gov/grants/peer/rgacriteria.htm) on the NIH home page.

New NIH Rating Criteria

Significance—Is the topic important? Does it have the potential to advance scientific knowledge?

Approach—Are the conceptual framework, design, methods, and analyses well developed and appropriate to the aims of the project? Are potential problems addressed and alternatives considered?

Innovation—Does the proposal involve new ideas, approaches, or methods; does it challenge existing paradigms or develop new methods or technologies?

Investigator—Are the investigator and collaborators sufficiently trained and experienced to do the work?

Environment—Will the scientific environment contribute to success? Is there institutional support for the project? Does the work take advantage of unique features of the environment, including collaborations?

NEW FACE TO AREA GRANTS

Academic institutions with little NIH grant support will benefit from new features of Academic Research Enhancement Awards (AREA).

Now, applicants can apply throughout the year, and under the new policy their grants can be renewed.

See the April 11 *NIH Guide for Grants and Contracts* for program announcement 97-052 to read the eligibility requirements, application instructions, review criteria, NIH contacts, and other important information. Also check out the new AREA site on the NIH home page at <http://www.nih.gov/grants/funding/area.htm>.

NIAID REVISES GUIDELINES FOR SCIENTIFIC MEETING GRANTS

NIAID has a new policy for grants that fund scientific meetings (see the announcement in the May 9 issue of the *NIH Guide for Grants and Contracts* for more information).

Under the new guidelines, applicants must request at least \$2,500, and they can apply at any time during the year with

prior Institute approval. Applicants who apply six months before the meeting will be sure to have sufficient time to get an award.

NIAID now requires a letter of intent before the application is sent in, and the Institute accepts applications for full or partial support.

Grants will be made as cooperative agreements when NIAID

staff participate in planning the meeting.

For more information, call the following staff in NIAID's extramural program divisions:

DMID—Dr. Robert Quackenbush, 301/496-5644

DAIDS—Joan Kondratick, 301/402-0755

DAIT—Dr. Lawrence Prograis, 301/496-1886

NIAID EXPANDS MALARIA RESEARCH EFFORTS—*continued from page 3*

recently reviewed and endorsed by an NIAID-sponsored blue ribbon panel.

The plan capitalizes on the Institute's commitment to malaria research and its track record in developing new vaccines.

A growing body of research suggests that effective malaria vaccines are feasible.

Success will rely on applying a better understanding of the biology of malaria parasites and the immune response to infection to vaccine development.

NIAID spends \$19.2 million a year on malaria research, which will grow to roughly \$21 million with the addition of three new projects: a reagent repository, genome sequencing, and in-

creased vaccine production and evaluation (see box below).

Other research related to the plan will be funded as high-quality applications are received.

You can get a copy of the malaria research plan and a summary of a recent review of it by the blue ribbon panel by calling the NIAID Office of Communications at 301/402-1663.

New NIAID-Supported Malaria Projects

Establish a repository of well-characterized malaria reagents to improve access to research materials for investigators worldwide.

Expand parasite genome sequencing to include the genomes of *Plasmodium vivax* and *Plasmodium falciparum*, which cause human malaria, and a species of *Plasmodium* that causes malaria in rodents to provide an animal model for studying the disease.

Expand malaria vaccine production and evaluation through collaborations between intramural and extramural scientists.

How NIAID Is Using R03s

NIAID is accepting small research grant applications (R03) for innovative or pilot projects responding to some PAs and RFAs.

These two- to three-year, nonrenewable, \$50,000 awards provide seed money so researchers can gather enough data to apply for an R01.

To qualify for an R03, the project must be:

- Submitted in response to a PA or RFA.
- An innovative or pilot project.
- Budgeted for no more than \$50,000 per year.

- Limited to three years in duration.

NIAID hopes R03s will result in fresh, innovative projects that would otherwise not have gotten off the ground.

However, data on R03s are indicating that these hopes may not be realized.

At present, the fate of the R03 is still unresolved, and an NIAID working group is looking at how to use R03s, including feedback from reviewers and investigators.

This will help determine how effective the R03 is and whether it should be continued.

NIAID would like your views on this subject. Send us a message from the feedback form on our Web site at <http://www.niaid.nih.gov/ncn/feedfrm.htm>.

When to Mail Different Types of Grant Applications to NIH

Since January when NIH began using postmarks for meeting application receipt deadlines, there has been some confusion because the new policy doesn't apply to all grant types.

Postmark counts for unsolicited grants, such as R01s and FIRST (R29) awards, and noncompeting applications.

For applications responding to some program announcements (those with specified receipt

dates), requests for applications (RFA), requests for proposals, and Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR), you still must have your application in NIH hands by the receipt date.

When sending NIAID an application in response to an RFA, call the scientific review administrator overseeing the review to find out whether you have any leeway with the receipt deadline.

NIH Explores Modular Grants

An NIH Advisory Group recommended the use of modular grants to increase efficiency in applying and to help focus reviewers' attention on the science.

With a modular grant, applicants would request up to \$150,000 in direct costs in increments of \$25,000; the amount by which study sections could reduce budgets is still under discussion.

Budget justifications would be based on overall requirements, scientific aims, and scope.

To streamline the process, applicants would provide only key information (e.g., summary budgets) when applying.

Keep in mind that these grants will not have inflationary increases, so this factor would need to be accommodated by the original budget request.

Despite their potential, modular grants are not without debate.

Reviewers feel that having budget details gives them insights into the rationale of the budget and an understanding of how the applicant is planning to use the money.

Nevertheless, grant regulations allow grantees to rebudget significantly without NIH approval.

For both applicants and institutions the issue is one of saving time and money in preparing a grant application.

CONFIDENTIALITY CERTIFICATE PROGRAM

NIAID recently acquired the authority to issue certificates of confidentiality for extramural and intramural research to protect the identity of research subjects against legal demands that seek their names or other identifying characteristics.

Investigators may request confidentiality certificates for research involving sensitive information, e.g., sexual practices, attitudes, or orientation; substance abuse or illegal conduct; or information that could lead to social stigmatization or discrimination if disclosed.

Once the certificate is issued, researchers are authorized to protect privacy, and identifying information may not be compelled by court orders or subpoenas.

The certificates are available whether or not the research is federally funded.

This change results from a new Departmental policy directing NIH to administer a confidentiality certificate program.

For more information, contact Dr. Estella Parrott, coordinator of research programs, Office of Research on Minority and Women's Health, NIAID, 301/496-8697 or e-mail ep61h@nih.gov.

NEW STTR PHASE II APPLICATION IS AVAILABLE FROM NIH

A printed version of the new application for Small Business Technology Transfer (STTR) grants is now available from NIH, and an electronic version is expected soon.

Get a printed copy from:

*PHS SBIR/STTR Solicitation Office
13685 Baltimore Avenue
Laurel, MD 20707-5096
301/206-9385
fax: 301/206-9722
e-mail: a2y@cu.nih.gov*

IF YOU CHANGE INSTITUTION—MOVING YOUR GRANT

If you are the principal investigator (PI) of a grant, what do you do when you move from one research institution to another?

Call your grants management specialist listed on your Notice of Grant Award as soon as you know the change will occur, preferably 10 to 12 weeks prior to the transfer date.

Then, NIAID's Grants Management Branch will send you a letter with detailed instructions on moving the grant.

You can reduce the administrative burden for everyone involved by effecting the transfer on the grant's budget

period anniversary date. Also, keep in mind that NIH generally does not transfer less than six months of a budget period or a grant under a no-cost extension.

Two documents are needed to make a new award: a new Application for a PHS Grant (PHS 398) and Relinquishing Statement Form (PHS 3734).

To begin the process, the original grantee institution must send a Relinquishing Statement Form to your grants management specialist.

The new institution must send your specialist a PHS 398 application detailing facilities and environment, biographical

sketches of professional staff, a list of equipment transferred costing at least \$1,000, and a progress report. It must also make sure all assurances (human, animal, etc.) are current.

These forms are then reviewed by NIAID program and grants management staff, and the transfer will be made after their approval. The original grantee institution must also send us a final Financial Status Report (SF 269) and a final Invention Statement (HS-568) 90 days after the project ends.

The above applies to investigators transferring between two domestic institutions or from a foreign to a domestic institution.

INSTITUTE & staff

NIAID MOURNS THE LOSS OF JAMES HILL

We are deeply saddened by the death of former NIAID deputy director Dr. James Hill on June 26 after surgery for a liver ailment.

A native of Manila, Arkansas, Dr. Hill worked at NIH for 21 years, retiring in 1995. He will be missed by the research and NIH communities, which knew and appreciated him as a warm and gracious person.

Before his several leadership roles in NIAID, Dr. Hill was an

investigator whose work included the development of meningitis vaccines and research of AIDS.

Earlier in his career, he was a microbiologist at the Naval Medical Research Institute and an assistant professor of microbiology at San Francisco State University.

Dr. Hill was also a volunteer at the NIH AIDS clinic and the Episcopal Caring Response to AIDS organization.

At the Boston meeting, an interdisciplinary group of experts discussed gaps and opportunities, including immune correlates and cell receptors as well as three vaccine approaches: live attenuated, DNA, and envelope-based.

Innovative PA

Together with establishing the committee, NIAID is trying to jump start the HIV vaccine field with the Innovation Grant Program for Approaches in HIV Vaccine Research program announcement. It supports high-risk or novel research in vaccine design and evaluation.

NIAID will fund about \$6 million in grant awards later this year. The first phase focuses on the HIV envelope, animal models, and antigen processing.

The response to the PA has been strong: by the May 23 receipt date, NIAID had received more than 130 applications. If the program accomplishes its goal of stimulating novel research, it may be extended to include other areas of scientific need related to HIV vaccine development.

With several features that depart from the norm, the Innovation Grant Program earns its title.

Investigators apply for an exploratory development research grant (R21), which supports preliminary, highly speculative studies to yield enough data to

Continued on page 15

ROBERT GOLDSTEIN LEAVES NIAID FOR JDFI

After nearly two decades at NIAID, Dr. Robert Goldstein left his job as director of the Division of Allergy, Immunology, and Transplantation to become vice president for research of the Juvenile Diabetes Foundation International.

Dr. Goldstein was known for his leadership in developing initiatives to improve the health

of inner-city children with asthma and launched the first national cooperative clinical study of adult and pediatric kidney transplantation.

Dr. Daniel Rotrosen is acting director of DAIT while NIAID conducts a national search for a new director.

Dr. Rotrosen also continues to act in his previous role of chief of DAIT's Asthma, Allergy, and Inflammation Branch.

HIV VACCINE COMMITTEE IS UP AND RUNNING

Dr. Fauci told Council in May, "The AIDS Vaccine Research Committee is in high gear."

The committee, chaired by Dr. David Baltimore, explored

prime-boost and live attenuated strategies for vaccine development at its second meeting in May. And in early March, the committee held its first focus group meeting in Boston.

IMMUNOLOGY—MAKING AN IMPACT ON VACCINES

At its subcommittee meeting, which took place during May Council, the Division of Allergy, Immunology, and Transplantation (DAIT) devoted a full day to vaccine immunology, a hot topic that is finding its way into NIAID's research initiatives and plans.

Historically, vaccine development has been empirical: different forms of a pathogen or its proteins have been used as immunogens to elicit a protective immune response without our understanding the underlying mechanisms.

While this approach has been successful, standard immunization protocols have not produced protective immunity against some viruses, most notably HIV.

Additionally, some vaccines have produced mixed results, conferring protective immunity only in some people.

These problems have prompted researchers to seek a rational vaccine design approach, building on understanding of immune responses needed to maintain protective immunity against individual pathogens.

To address these issues, DAIT assembled a panel of basic immunology researchers to discuss some of the latest findings on how the immune system responds to pathogens and what factors need consideration to develop effective vaccines.

Presentations by Drs. Paul Allen, Charles Janeway, Marc Jenkins, Kenneth Rock, Mary Ann Robinson, and Jon Yewdell raised important questions about many of the accepted paradigms of

immune function and generated provocative discussions. See the box below for some of the primary scientific issues discussed at the meeting.

The subcommittee agreed that basic immunology researchers could have a profound impact on the success of the development of future vaccines.

NIAID encourages investigators to apply for funding in this field and is further stimulating research with PAs, such as the Innovation Grant Program for Approaches in HIV Vaccine Research (see the article on page 8) and the upcoming Basic Mechanisms of Vaccine Efficacy.

Key Scientific Topics in Vaccine Immunology

- To design more potent vaccine adjuvants, we need a better understanding of how to trigger the innate immune system, which is the first line of defense against a pathogen and shapes the adaptive (T-cell and antibody) response.
- Human genetic diversity must be considered in the design of a universally effective vaccine.
- Further research is required to determine how to design vaccines that foster proper lymphocyte and antigen trafficking in the body.
- An optimal vaccine must provide antigenic stimulation that induces the proper combination of cytokines and responsive cells needed to start an immune response.
- Because many pathogens mutate to evade and derail the immune system, we need an effective approach to accommodate antigenic variability.

NIAID AND NCI CO-SPONSOR A NEW VACCINE CENTER

As announced by President Clinton in May, NIH has begun developing a Vaccine Research Center that will focus on AIDS vaccines.

The new center will be part of the NIH intramural research program, a joint venture by the National Cancer Institute (NCI) and NIAID.

It will stimulate multidisciplinary research from basic and clinical immunology and virology through vaccine design and production.

Resources will be provided by NCI and NIAID with FY 1998 funds from the Office of AIDS Research, which has proposed a \$10 million budget, with \$5 million going to each Institute.

A search committee will conduct a nationwide search for a director.

The center will begin as a "laboratory without walls" while lab space is sought near the NIH Bethesda campus.

Later, as scientists are recruited from outside, NIH will consider constructing a building on the campus for the center.

NIAID's new Innovation Grant Program (see article on page 8) is another part of government's increased focus on AIDS vaccine research.

LET US HELP YOU PUBLICIZE YOUR RESEARCH

Are you a grantee or contractor excited about publishing the results of your NIAID-funded research?

Planning to announce a major finding at a scientific meeting? Anticipating the end of a definitive clinical trial?

In addition to alerting your program officer, call the NIAID Office of Communications (OC) to help get out the news.

OC works with NIAID program officers, investigators, and communications staff at grantee institutions to highlight NIAID-funded studies, fulfilling a congressional requirement to keep the public aware of how NIH is working to improve public health.

Call us *before* publication about newsworthy publications and presentations.

Many reporters receive advance copies of journals such as *Science*, *Nature*, and *The New England Journal of Medicine* and begin working on stories several days ahead of publication.

If you let us know when your paper is accepted, we will have time to work with you and your institution to coordinate press coverage.

We honor any embargoes on journal articles and get your

approval of press statements before release.

Depending on the research finding, we may suggest a press release, press conference, video news release, or video b-roll (images widely accessible via satellite).

OC staff have excellent relationships with top science reporters and are often called for comment about science stories.

If we know the news in advance, we can help reporters more effectively.

OC also highlights NIAID-supported research findings in newsletters—*NIAID: DATELINE* or *AIDS Agenda*, reports or testimony to Congress, and the news section of the NIAID home page.

For more information, call OC director Patricia Randall at 301/496-5717 or send her e-mail at pr16n@nih.gov.

NIAID-SPONSORED MEETINGS ARE ON THE WEB

NIAID makes it easy for you to find out about our upcoming scientific meetings.

Go to the meetings calendar on the NIAID home page at <http://www.niaid.nih.gov/information/calendar.htm>.

MINORITY FOCUS GROUP DIALOGUE WITH OUTSIDE SCIENTISTS SPARKS FRESH IDEAS

On June 9, Dr. Fauci met with leading minority researchers as part of the series of focus groups he has been conducting to hear the thoughts and concerns of extra-mural investigators.

The group explored ways to improve NIAID's training programs to increase numbers of minority scientists gaining biomedical research grants as well as those pursuing other types of biomedical research careers.

Concrete recommendations emerged

Several promising recommendations came out of the meeting to help spur research careers for minority scientists and build the pipeline for the future.

One idea was to establish mentoring arrangements between minority students and investigators, including faculty members at minority institutions, and faculty members at nearby research-intensive colleges and universities.

Such relationships would help develop careers, increase the number of minority applicants, and help faculty at minority institutions.

Mentoring online

One way to effect a mentoring system would use the Internet to publish relevant information.

For example, minority investigators could post vignettes of their roads to success as well as their areas of research interest.

This would provide role models for younger people and also bring together students and potential mentors.

Another idea was to develop a program announcement to encourage mentoring through R01 grants. These awards would build funding within an R01 to support the careers of promising young minority investigators.

HEPATITIS C—CONFRONTING THE SILENT EPIDEMIC

As public health officials are turning more attention toward the emerging hepatitis C virus (HCV), NIAID is beefing up its research program.

Identified just eight years ago as the agent causing most non-A, non-B hepatitis, HCV causes 20 percent of acute viral hepatitis infections, leaving 85 percent of patients with chronic infection.

HCV is the leading reason for liver transplantation in the U.S., and the problem is growing.

Almost four million Americans are chronically infected, and the death rate is expected to triple within two decades or less.

Unexplored territory

Much is unknown about the virus. The role of host factors in chronic infection is largely unexplored, and for about 30 percent of cases, the route of transmission is unknown. A high rate of mutation and genetic diversity create challenges for developing treatments and preventions.

Hepatitis C is in the Flaviviridae family of viruses; individual isolates, though closely related, exist as heterogeneous populations of quasi-species.

This diversity helps the virus escape immune surveillance, leading to high rates of chronic infection.

NIAID would be very interested in receiving applications in these high-priority areas of research opportunity:

- Development of tissue culture systems related to research of vaccines and therapies.
- Development of cohorts for and conduct of natural history and research-based clinical trials.
- Studies of the mechanisms of recovery from infection, response to therapy, protective immunity, persistence, injury and pathogenesis, disease progression, viral replication, and host interactions.

New progress made

Major progress occurred this year when investigators funded through NIAID's four new Hepatitis C Cooperative Research Centers identified an infectious clone of the virus.

The first of six genotypes cloned, the advance could lead to the development of a tissue culture or small animal model for critical HCV therapeutic and pathogenesis studies.

In addition, NIAID intramural labs produced and characterized HCV chimpanzee gene pools of five of the six genotypes. Both developments should give the field a needed leg up.

Further, investigators interested in pursuing clinical studies can now use NIAID's Collaborative Antiviral Study Group as a research resource for multicentered, research-driven clinical trials for both hepatitis B and C.

Funding more research

During the past year, NIAID significantly expanded its portfolio of grants in hepatitis C using different funding methods.

Last summer, the Institute funded four new Hepatitis C Cooperative Research Centers conducting multidisciplinary research, each with unique features.

NIAID is also boosting research through research grants.

Published in May 1996, program announcement 96-048, Expanded Research on Emerging Diseases, generated some applications, and the Enteric and Hepatic Infectious Diseases PA, 97-053, issued in April, should further stimulate the field.

For details, access the full PA text from our table on the Web at <http://www.niaid.nih.gov/ncn/pa-table.htm>.

Including the four centers, NIAID now funds 17 grants in HCV research, over \$4 million.

With the Enteric and Hepatic Infectious Diseases PA on the streets, NIAID hopes to broaden its hepatitis C research base even more in FY 1998.

Meeting the challenge

NIAID has garnered advice from expert advisers during the past several months to plan for further increasing our funding of hepatitis C research.

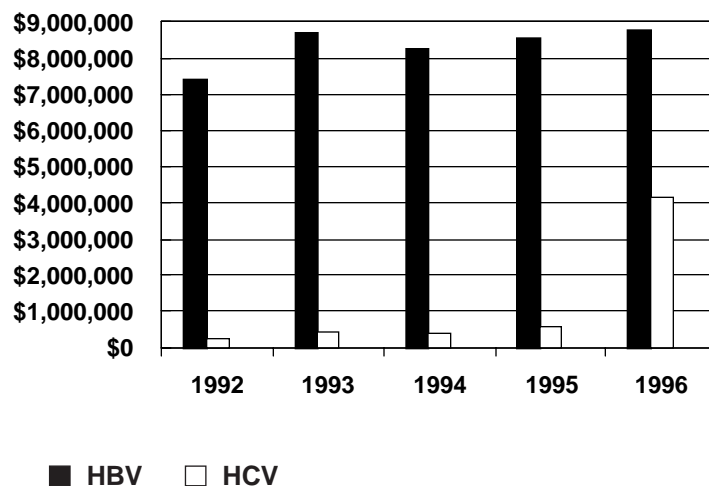
Part of this effort entailed developing a research plan, which was agreed to by the Council subcommittee of the Division of Microbiology and Infectious Diseases at the May Council meeting.

Spelling out research goals and strategies for combating the virus, the plan has these four goals:

- Better understand transmission of the virus.
- Expand knowledge of pathogenic mechanisms and natural history.
- Characterize host immune responses to infection.
- Define viral replication and strategies for therapy.

A panel of outside experts also advised NIAID on the content of the plan. NIAID staff expect to publish the research agenda from it shortly.

NIAID Funding for HBV and HCV



FEATURE
articles

CALLING NIAID FOR HELP

Whom do you call at NIAID for answers to different questions? Like other NIH institutes and centers, NIAID has a diverse cadre of staff who work on different aspects of applications, grants, and contracts.

Program administrators (also called program staff or program officers), grants management specialists, scientific review administrators, and many others interact with grantees and applicants as a major part of their jobs.

Program staff are your primary liaison with NIAID. Overseeing scientific portfolios, program staff work in the extramural program Divisions: Division of AIDS, Division of Microbiology and Infectious Diseases, and Division of Allergy, Immunology, and Transplantation.

Staff in the Division of Extramural Activities (DEA) handle the business side of grants and contracts and oversee the conduct of peer review for grant types reviewed by institutes and applications responding to initiatives.

When determining whom to call, think about (1) the kind of award (e.g., R01, FIRST award, training grant, response to a program announcement) and (2) the stage from application to award.

Investigator-initiated awards

Investigator-initiated research is the biggest part of NIAID's research portfolio.

Call the NIAID program staff person who handles the relevant area of research for programmatic, scientific, and general policy questions.

Call staff in DEA for information about budget, award types, funding policies, and other administrative questions. The general phone number is 301/496-7291. Allan Czarra in DEA (301/496-3772) can answer nonscientific questions about SBIR and STTR awards.

Answers to many routine questions are also on the Worldwide Web.

For example, information on FIRST Awards (R29) for new investigators, including who qualifies, is in the guidelines at <http://www.nih.gov/grants/funding/r29.htm>.

For R01 applications, read the PHS 398 grant application thoroughly. It's on the Web at <http://www.nih.gov/grants/funding/phs398/phs398.html>. Also know the new review criteria (see article on page 4) when writing a grant application.

Initiatives

When responding to an NIAID initiative, read the announcement carefully, and call the program staff person if you need more information.

The program staff person responsible for a program announcement, RFA, or RFP will be listed in the *Guide* announcement.

For general information on writing a grant application, staff in DEA's Scientific Review Program (301/496-2550) can help.

Training-type grants

The Office of Scientific Training and Manpower Development handles all types of training awards: fellowships, training grants, and career development awards.

Heading that office is Dr. Milton Hernandez; his phone number is 301/496-3775.

For scientific questions related to training grants, call either Dr. Hernandez or the relevant program officer.

What stage does the question address?

In deciding whom to call, think whether the question applies to the period before you send in

an application, while applying and during review, or after a grant or contract is funded.

Before you write an application, staff in the program divisions can answer your questions on program needs and give you basic budgetary information, such as Institute paylines (paylines are also on our Web site at <http://www.niaid.nih.gov/ncn/payline.htm>).

Contact NIAID's scientific review administrators (SRA) in the Scientific Review Program for general review questions and guidance, and call Mr. Czarra or Ms. JoAnn Stesney (301/496-7131) in DEA for administrative questions.

After you send NIH your application, the SRA in charge of the review can answer questions related to the review such as whether you can send in supplemental information.

For insights into the discussion of your application at the review meeting, you may want to contact your program officer, who may have attended the meeting.

Program staff also can give you advice on what to do if you get funded or an almost fundable score.

After you get a grant or contract, call your NIAID program officer for scientific issues and your grants management specialist or contracts management specialist for business issues.

Grants and contracts specialists can help you with regulations, policies, and requirements.

Online information

Good contact information is also in the *NIAID Council News* Extramural Information Center at <http://www.niaid.nih.gov/ncn/main.htm>, and more is coming.

The Web version of our annual supplement at <http://www.niaid.nih.gov/ncn/sup.pdf> shows not only where different scientific areas are administered in different parts of the Institute but also has a new feature: click on the organization to bring up contact names.

And we're adding a section on DEA with contacts for grants, contracts, review, training, and other policy topics.

REQUESTING ASSIGNMENT FOR YOUR APPLICATION

Did you know you can request assignment of your application to a Division of Research Grants (DRG) scientific review group for review and to an institute, center, or division (ICD) for potential funding?

Though data show that applicants can do this successfully, few give it a try. Yet, NIH experience and data indicate that applicants can successfully self-assign to a scientific review group and ICD.

TMP results were positive

As part of NIAID's electronic review experiments, applicants to DRG's Tropical Medicine and Parasitology (TMP) scientific review group had the option of self-assigning to TMP and NIAID.

All applicants did self-assign after being informed that this choice was available.

Though this trial was done in an ideal environment where investigators have a very good idea where their applications will be reviewed, the experience still shows that applicants will self-assign after being told they can do so. Partly due to self-assignment, TMP applications took less than five months from receipt to award.

Investigator-initiated applications— Pls did it right

Data for investigator-initiated applications sent to DRG support the viability of requesting assignment for applicants in general.

DRG scientific review administrator Dr. Mike Radtke shared his data for seasoned applicants sending DRG applications for various grant types in October 1996 (see table next page).

DRG granted about 80 percent of PI requests to a scientific review group and 87 to 100 percent of requests to an ICD.

These data are for about 4,600 R01 and R29 applications received for the October 1996 review cycle.

DRG Data on Applicants Requesting Assignment from October 1996*

Type	PIs requested SRG	DRG accepted the request	PIs requested ICD	DRG accepted the request
R29	22.0	81.2	10.6	87.0
1 R01	20.8	79.5	10.6	87.0
2 R01	12.9	79.0	2.0	100

*All numbers are percentages

they don't have enough information to do it.

Informal questioning of callers to NIAID revealed that most applicants prefer to request assignment to both study sections and institutes if they have sufficient information.

Much of the information you need to know is readily at hand.

NIH posts on the Web lists of scientific areas DRG's various scientific review groups handle at <http://www.drg.nih.gov/review/irgdesc.htm> and lists of DRG study section members at <http://www.drg.nih.gov/review/ssroster.htm>.

Further, applicants sending in amended applications requested assignment correctly 100 percent of the time (data not shown).

Getting the necessary information

The question remains, why did only about 20 percent of PIs with new applications request assignment to a scientific review group, and only about 10 percent an ICD?

We believe it's because some applicants don't know they can request assignment, and others feel

To get other information, call a program administrator in one of NIAID's extramural divisions. Go to the supplement of this newsletter on the Web at <http://www.niaid.nih.gov/ncn/sup.pdf> and click on the organizational unit to see whom to call.

For program staff in other institutes, check the NIH home page at <http://www.nih.gov>.

HIV VACCINE COMMITTEE—*continued from page 8*

determine whether more in-depth work is warranted.

These awards give PIs up to \$150,000 a year in direct costs for up to two years.

The program is also testing the use of modular grants, which have a simplified budget and budget justification.

For example, total direct costs can be requested in increments of \$10,000, and the detailed budget form in the PHS 398 grant application (page 4) is not required.

For more information, read the full PA, which you can access from our PA table on the *Council News*

Web site at <http://www.niaid.nih.gov/ncn/pa-table.htm>.

Flexible, fast review

NIAID will review applications responding to the PA within a very short timeframe using special procedures and concentrated staff effort.

During the summer, multiple panels will review applications grouped by topic, each using a standard set of core instructions. Review staff may use different formats, including electronic technologies, and will work quickly to prepare abbreviated summary statements for electronic secondary review by Council later this summer.

NIAID Council News

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